2003 ANNUAL REPORT

BURNTWOOD REGIONAL HEALTH AUTHORITY

104-03877/

Chairperson Report 2

Chief Executive Officer Report 3

Board of Directors 4

District Health Advisory Councils 6

Vision, Mission, Values 7

Major Priorities 8

Regional Profile 9

Health Status 11

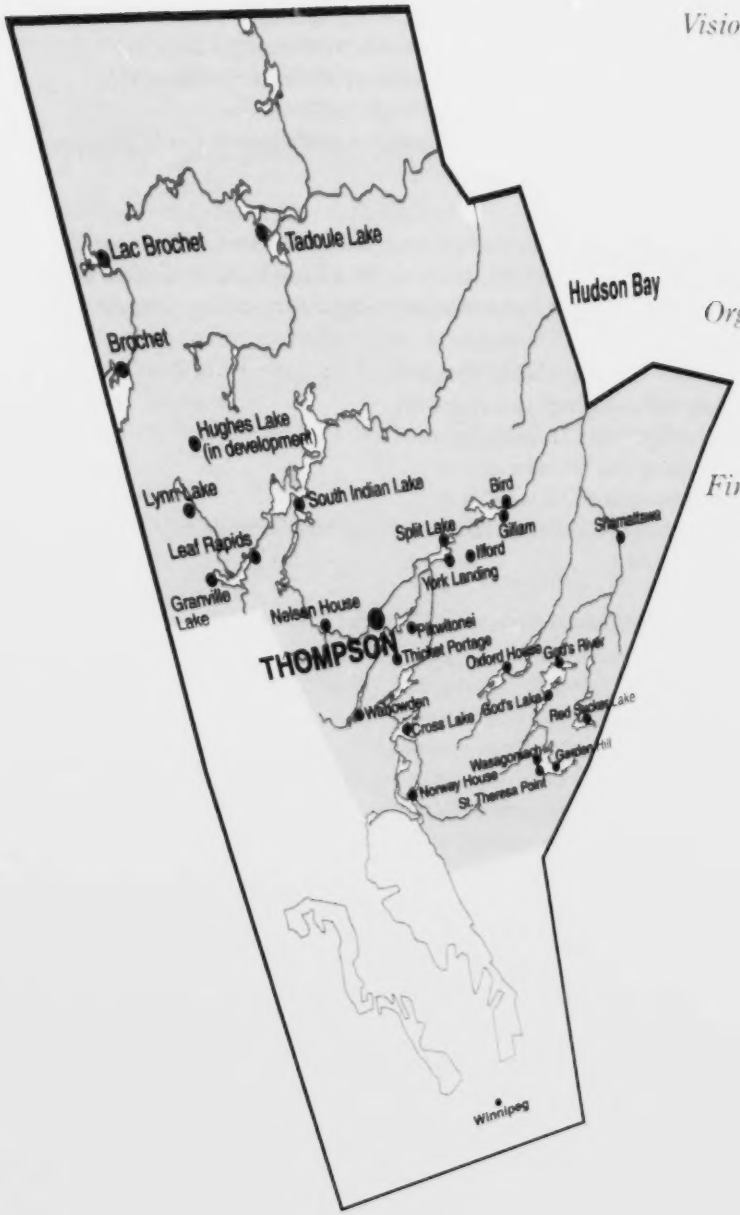
Activities 16

Organizational Chart 24

Management 25

Communication 26

Financial Statements 27



The North is an amazing patchwork of lakes, rivers, communities and people that work together like a beautiful quilt. The BRHA strives to create that harmony in the health of its citizens.

Greetings to all people living within the boundaries of the Burntwood Regional Health Authority. In 2002/03, the BRHA Board of Directors has continued to be actively involved in ensuring that health programs and services are available to you as close to home as possible. The Board includes representatives from several different communities, and Board discussion focuses on the need to do more at the community level to get people healthier. Doing so continues to be a challenge, because of shortages of various health professionals, but progress is being made.

There are two kinds of health care I would like to mention in this message - the kind you receive when you are ill, and the kind which prevents you from becoming ill and keeps you as healthy as you can be. The second one, which we call primary health care, cannot be accomplished by BRHA staff alone. In order for each and every person in the Burntwood region to be as healthy as they can be, everyone will have to get involved.

Take diabetes for example. It causes all kinds of health complications as well as loss of life, and more and more people are diagnosed with it every day. Nowadays, many children are also being diagnosed with diabetes - it is no longer a disease of only the older generations. The only way to prevent this near-epidemic is for all of us - individuals, family members, and community members to take charge of the situation.

Insulin and pills are prescribed by BRHA health professionals, but the only way for individuals, families and communities to get their adult and child diabetics healthy and to reduce the likelihood of others getting diabetes are: 1) healthy eating and 2) active lifestyles. There are many, many things that can be done right at home - educating ourselves about diabetes, cutting down on white flour, sugar, salt and fat in cooking, lobbying the local council, stores and the provincial government to make milk more affordable, shutting off the TV and encouraging children to go out and play/be active, to mention but a few. Only if we all start doing these and other things will we prevent the toll diabetes is taking on our population.

It is not an easy thing to do. I can tell you from my own experience that we diabetics are so used to eating certain foods that contain a lot of sugar, fat, etc. that it takes a lot of will power to change our eating habits. Even after eating properly and exercising properly for days, weeks, and months, I still have to remind myself every day to "get it right." Whole-wheat bannock and bread are delicious, but white bread is still tempting, even though my blood sugar goes right up after eating it. It is often easier to sit and watch Crime Scene Investigation on TV than to go out for a walk.

I encourage all of you, all of us in the BRHA region, if you have diabetes, or if you know someone who does, make a decision to get involved in controlling this disease. And if you eat something unhealthy, or if you "forget" to go for a walk, just forgive yourself and try again tomorrow. Never give up. Together we can beat diabetes.

Yours in health,

Connie Pringle
Chairperson

It gives me great pleasure to present the Annual Report for the year ending March 31, 2003. It has been a challenging year with continued struggle to provide health programs and services in Burntwood Regional Health Authority and expand as a Regional Referral Centre within the financial resources allotted to us.

HIGHLIGHTS OF ACCOMPLISHMENTS IN 2002/2003

• *Increased focus on Primary Health Care in the Region:*
- Start of the development of a clinical collaborative practice site for physicians, nurse practitioners and students of other health care professions.
- Addition of a pediatric nurse specialist/practitioner in the Northern Consultation Centre
- Integration of the Community Nurse Resource Program with the Community Health Resource Centre
- Change from Hospital to Community Health Centre in Leaf Rapids based on changing needs in that community without any layoffs
- An increase of 13% in visits to physicians at the Hospital and Community Health Resource Centre in Thompson.

• *Success in recruitment for physicians and nurses resulting in a 12% decrease in vacant positions.*

• *Increased role of Northern Consultation Centre and Thompson General Hospital as a Regional Centre, for example:*
- The Emergency at TGH is the 3rd busiest emergency Department in the Province!
- The Chemotherapy Program has been back in operation for a full year
- Pediatric Dental Surgery increased by 300 cases
- Full time Surgeon and Psychiatrist started
- Special Care Unit opened in conjunction with the Emergency Department

• *Continued development of the Northern and Aboriginal Population Health and Wellness Institute and the development of an Aboriginal Representative Workforce Strategy.*

• *Development of a Regional Single Point of Entry for Long Term Care including the Personal Care Homes in Nelson House and Norway House.*

• *Approval of the Thompson Personal Care Home to move to architectural design and very successful fundraising for the community contribution for the facility, exceeding the initial goal.*

The quality of programs and services in any Health Region depends entirely on the skill, commitment and dedication of the staff, physicians, volunteers and Board. Because of these people, we can all be very proud of the programs and services we provide in Burntwood Regional Health Authority!

Respectfully submitted,

E. Karen McClelland

Karen McClelland,
Chief Executive Officer

CONSTANCE (CONNIE) PRINGLE - Thompson

Connie Pringle has been a resident of Northern Manitoba for 31 years. As part of her post-secondary education Connie attained a Bachelor's Degree in Home Economics and a Masters in Business Administration. Connie has worked in a variety of home economics and financial management positions for organizations such as the Northern Manpower Corps, Opasquia Manufacturing, Swampy Cree Tribal Council, Opasquayak Cree Nation, Northern Manitoba Business Institute and the Keewatin Community College. She presently lives and works in Thompson as the Director of Operations at Inter-Universities North. Connie has held the position of Board Chair for 3 years.

LLOYD FLETT - Norway House

Lloyd Flett is the administrator of the Norway Town Council, with past Board experience as Treasurer for the Norway House School Committee and member of the Local Management Board of the Manitoba Metis Federation Incorporated, Human Resource Development Corporation Department. He is past Mayor for the Community of Norway House. Lloyd is one of the inaugural Board members appointed in 1996 and has served 8 years with Burntwood Regional Health Authority Board.

MARIE HENDERSON-Fox Lake FN

Marie Henderson is a resident of Bird Manitoba, also known as Fox Lake First Nation. She has been employed with the Fox Lake First Nation working in Native Alcohol & Drug Addictions Program, Education, and Treaty Land Entitlements. Marie enjoys working with the public and her work in the health department.

DUKE BEARDY - Split Lake

A resident of Split Lake, Duke Beardy is a member of Tataskweyak Cree Nation. He is currently part of the Tataskweyak Keeyask Development Team involving the Manitoba Hydro future development project discussions and negotiations. Duke has worked and served in Split Lake for many years in various senior management and board positions with TCN. A graduate of the University of Manitoba in a three year Certificate Program in the Management of Community, Organization and Economic Development, Duke is also a recent former Chief of Tataskweyak Cree Nation and Chairman of Keewatin Tribal Council.

JACK MCIVOR - Wabowden

Jack McIvor has been a resident of Wabowden since 1959. In the early 1940's the family relocated to Cross Lake, where he grew up and trapped in the Cross Lake and Walker Lake area. In 1959 he work on highway construction between Wabowden and Thompson. He was employed with the Soab Lake Mine as a drift miner for 4-1/2 years and as a fire ranger for 5 years. More recently, Jack has retired from the Wabowden Community Council, where he was the Town Foreman for 16 1/2 years. He served as the Vice President of the Metis Federation representing the Thompson Region from 1997 to 2000 and is presently a Housing Development Officer for the same organization. Jack has also served on several school communities with Frontier School Division. He is currently Vice Chair of the Board.

FRONT ROW, L to R: Jo Lutley, Connie Pringle, Mike Muswagon, Marie Henderson
BACK ROW, L to R: Grace Godmaire, Fred Salter, Duke Beardy, Mamie Henderson, Darryl Montgomery

GRACE GODMAIRE - Thompson

Prior to coming to the north some 29 years ago, Grace was the Director of the Brandon Indian and Metis Friendship Centre. Her career also included: Supervisor of Youth programs for the Provincial and Federal governments, as well as Community Development Advisor to many community groups on and off reserves. Grace came north to work for Northern and Aboriginal Affairs as a Community Development Officer, moving into the position of Principal Electoral Officer. Moving to C.E.I.C. (now Human Resources), she became the Director of Employment Development Branch. Five years later she became the North Zone Director of Medical Services Branch of the Federal Government, with responsibilities for 3 Health Centres, 13 Nursing Stations and the Norway

House Hospital. Volunteerism was important to Grace thus she served as the Chairperson of the Ma Mow We Tak Friendship Centre. She also volunteers with the Healthy Thompson Northern Aids Initiative.

DARRYL MONTGOMERY - Thompson

Darryl has been a northern resident for 31 years. He was born in Lynn Lake, grew up in South Indian Lake and has resided in Thompson for the past five years. Darryl worked for the community of South Indian Lake as the Town Administrator for a number of years. He then moved to Thompson to work for the Member of Parliament of the Churchill constituency in the Thompson office as well as being actively involved with the MMF. In May 2000, Darryl was re-elected to his second term as Vice President for the Thompson Region and is currently serving as the Chairperson of the Metis Human Resource Development Agreement, Chair of the Metis Youth Initiative as well as Operations Manager for the MMF Thompson Region Inc.

KATHLEEN MARY "JO" LUTLEY (C.M. BSC., PHN.) - Thompson

Jo Lutley is a World War II Veteran (Radar Operator, R.A.F.). A thirty year resident of Thompson, Manitoba, Jo came to Canada in 1956 as a Registered Nurse, state certified Midwife and held outpost nursing positions on the Labrador Costs with the Grenfell Mission.

In 1960 she transferred to the Federal Government's Indian and Northern Health Services and nursed in the North West Territories and in Arctic Quebec before coming to Norway House as an Area Nursing Officer in 1969 and to Thompson as Zone Nursing Officer in 1972 until she retired from the Public Service in 1983.

In 1992, as a member of the Thompson General Hospital Board, Jo was also a member of the Northern Rural Health Advisory Council that helped plan for Regionalization. Jo Lutley is one of the founding members of the Burntwood Regional Health Authority Board and will complete her second term, March 31st, 2004.

National and provincial recognition of her work in the North:

- Member of the Order of Canada 1986.
- Ortho Award, Canada Public Health Association for "Outstanding Contribution to Public Health in Canada" 1985.
- Judge J.M. George Memorial Award 1991.
- Manitoba Association of Registered Nurses award for "Outstanding Achievements in the Profession of Nursing" 1995.
- Life Membership of Army, Navy & Airforce Veterans of Canada

LAWRENCE MERASTY - Brochet

Lawrence Merasty has been a fisherman and trapper for many years. He also worked as a Community Health Worker for Medical Services and the Department of Highways and Airports for four years. Calm Air International also employed him for 14 years. Currently Lawrence serves as the Mayor of Brochet Community Council.

MAMIE HENDREN Thompson

Mamie Hendren has been a resident of Thompson since 1968, when her husband accepted a job with INCO. She was born and educated in Scotland and is the mother of five and grandmother of twelve, most of whom live in Thompson. She has been involved in the community for most of her time here, including coordinating and directing the Caledonian Dancers, and serving on committees for Minor Lacrosse, the Thompson Food Co-op, Thompson District Labour Coordinating Council, Executive Board Member of the United Food and Commercial Workers Union and was on the Manitoba Clean Environment Commission from 1982 – 1988. She worked on the Paediatric Ward as a Nurse's Aide and Ward Clerk (1973-1989), and as Director of Personnel/Human Resources (1989-1997). Mamie is the current Vice President of the Seniors Resource Council.

MIKE MUSWAGON -Norway House FN

Mike Muswagon was born and raised in Norway House, Manitoba. Mike is married to Janice. They have five children and one granddaughter. Mike has been a Councillor for the Norway House Cree Nation since 1994. He is also a chairperson of the Norway House Health Board. Mike's portfolios include Health, Child and Family Services, Day Care and Head Start. In his spare time Mike enjoys fishing, trapping, hunting and cherishes time spent with his family.

LIBERTY REDHEAD - Shamattawa

Liberty Redhead is a community member of the Shamattawa First Nation and is currently the Brighter Futures Initiative Coordinator. His previous experience includes extensive Committee and Board experience with the Assembly of Manitoba Chiefs and other affiliated organizations. He has also worked in various positions related to Mental Health for Shamattawa First Nation.

FRED SALTER -Lynn Lake

Fred Salter has been a resident of Lynn Lake for 15 1/2 years. He has been actively involved in the "communities he has lived in"; serving the Carmen Hospital Board from 1972 to 1978, and the Lynn Lake Hospital Board from 1988 to 1994. Fred retired as Chief Administrative Officer for the Town of Lynn Lake on April 2000. Prior to that, he worked for 18 years in finance with Credit Unions.

FIRST NATIONS COMMUNITIES DISTRICT HEALTH ADVISORY COUNCIL

Benji Denechezhe	G3-10 Yale Avenue, Thompson R8N OJ9
Matilda Dettanikkeeize	General Delivery, Lac Brochet ROB 2EO
Juda Keeper	General Delivery, Split Lake ROB 1PO
Zelda Kitchekeesik	200-701 Thompson Dr., Thompson R8N 2A3
Darlene E. Mason	General Delivery, Nelson House ROB 1AO
Joe L. Michel	Box 458, Lynn Lake ROB OWO
Robert V. Robinson	P.O. Box 129, Cross Lake ROB OJO
Merle Scatch	Box 454, Cross Lake ROB OJO
Leslie Turner	3 Eider Bay, Thompson R8N OZ8
Eleanor Veuillot	Gen. Delivery, Lac Brochet ROB 2EO
Felix Walker, (Co-Chair)	30 Trout Cres., Nelson House ROB 1AO
* JACK McIVOR, (Board Rep.)	8 Bowden St., Wabowden ROB 1SO

LEAF RAPIDS & AREA DISTRICT HEALTH ADVISORY COUNCIL

Frank Bloodworth, (Chair)	27 Nisku Bay, Leaf Rapids ROB 1WO
Geraldine Cockerill	Box 626, Leaf Rapids ROB 1WO
George McKenzie	Box 797, Leaf Rapids ROB 1WO
Hart Oppermann	Box 695, Leaf Rapids ROB 1WO
* FRED SALTER, (Board Rep.)	Box 282, Lynn Lake ROB OWO

LYNN LAKE & AREA DISTRICT HEALTH ADVISORY COUN.

Shauna Bighetty	Box 456, Lynn Lake R0B 0W0
D. Neil Campbell	Box 851, Lynn Lake R0B 0W0
Helen Hart	Box 697, Lynn Lake R0B 0W0
Lilianne Major	Box 494, Lynn Lake R0B 0W0
Audrey Mellon	Box 639, Lynn Lake R0B 0W0
Leslie M. Webb, (Chair)	Box 434, Lynn Lake R0B 0W0
*FRED SALTER, (Board Rep.)	Box 282, Lynn Lake R0B 0W0

NORTHERN AFFAIRS COMMUNITIES DISTRICT HEALTH ADVISORY COUNCIL

Harriet Baker	General Delivery, Granville Lake ROB OPO
Natalie Bittern	Box 12, Thicket Portage ROB 1RO
Jane Budd	Box 5012, Norway House ROB 1BO
Arlene M. Dorion	General Delivery, Thicket Portage ROB 1RO
Frances Hall, (Chair)	Box 31, Wabowden ROB 1SO
Elizabeth Isbister	Box 5053, Norway House R0B 1B0
Martha McLeod	Box 184, Cross Lake ROB OJO
Sarah Mercredi	Box 44, Thicket Portage ROB 1RO
Cristo W. Spiess, (Vice-Chair)	Box 378, Norway House ROB 1BO
*LLOYD FLETT, (Board Rep.)	Box 5042, Norway House ROB 1BO

THOMPSON DISTRICT HEALTH ADVISORY COUNCIL

Albert Cater	36 Ash Street, Thompson R8N 1N7
Marc Constant	213 – 424 Princeton Drive, Thompson R8N OA3
Martin Foley	259 Juniper Drive, Thompson R8N OS8
Sya Gregovski	67 Pickerel Crescent, Thompson R8N OZ1
Faye Hansen	48 Dominion Bay, Thompson R8N 1L3
Dave Mackie	51 Campbell Drive, Thompson R8N 1Z1
Istiphanus D Magaji	34 Red River Drive, Thompson R8N 1T9
Randy Sawatzky	201-79 Selkirk Ave, Thompson R8N OM5
Catherine Spence, (Chair)	291 Juniper Drive, Thompson R8N OS5
Connie Unger, (Vice-Chair)	28 Ash Drive, Thompson R8N ON8
*MAMIE HENDREN, (Board Rep.)	22 Dominion Bay, Thompson R8N 1L3

VISION

The Vision of the
Burntwood Regional Health Authority is
"Northern Health in Northern Hands at a reasonable cost to the community."

MISSION

The Burntwood Regional Health Authority exists so that there will be:

- **Healthy Families**
- **Decrease in Preventable Illness and Injuries**
- **Timely Return to Optimum Health from Acute Illness**
- **Healthy Environments**

Northerners

VALUES

Success of our mission will be achieved through commitment to the following values:

- *Accessibility:* Health care shall be accessible to all people with choices of treatment methods made available.
- *Accountability:* We shall be accountable to our constituents through effective two-way communication.
- *Caring:* An attitude of caring shall be reflected in everything we do.
- *Equitability:* Client-focused health care shall be made available fairly and equally to all, without bias or favoritism.
- *Quality:* Continuous quality improvement shall be maintained by qualified staff through continuity of care in a seamless health care environment.
- *Respect:* Respect shall be maintained by recognizing the uniqueness of the individuals and cultures by maintaining collaborative and honest relationship.
- *Wholistic Approach:* Health is recognized within the wholistic belief in physical, spiritual, mental, and social well-being.

Upon completion of the Burntwood Regional Community Health Needs Assessment in October, 1997, the Board of Directors studied the document and identified four major priorities. These priorities define the Mission of the Burntwood Regional Health Authority and specifically identify why it exists.

The four major priorities are:

1. Healthy families

2. Decrease in preventable illness and injuries

3. Timely return to optimum health from acute illness

4. Healthy environments

1. Healthy families is one of the 2 highest priorities,
It includes, but is not limited to:

- Healthy children;
- Stable, and resilient healthy families;
- Healthy communities;
- People live without addictions;
- People with Residential School Syndrome experience an improved quality of life.

2. A decrease in preventable illness and injuries is one of the two highest priorities and includes, but is not limited to:

- People have appropriate good health knowledge and practices;
- People do not die from preventable causes;
- People do not contract communicable diseases;
- Decreased incidence of communicable diseases;
- Increase in development and enforcement of healthy public policies.

3. A timely return to optimum health from acute illness includes, but is not limited to:

- People have timely access to quality conventional and/or traditional health care services including, diagnosis, treatment and follow-up when required.
- People with mental illness receive support and follow-up care.

4. Healthy environments includes, but is not limited to:

- Governments at appropriate levels are aware of environmental conditions/practices/products that influence health and they provide healthy public policies;
- Communities know how to influence and are supported in changing environmental policies and products that have an impact on health;

The above major priorities define the Board of Director's "Ends Policies" which give the staff the direction required to operate services and programs in the Burntwood Regional Health Authority.

FACTORS which have an impact on planning and delivering health programs and services in the region and reflect findings of Community Health Assessment are:

GEOGRAPHIC PROFILE

- BRHA covers 52% of the Province of Manitoba (213,000 square miles) and is the largest geographical RHA in the province
- Land is dominated by lakes, boreal forest, Canadian Shield, permafrost and sub arctic climate conditions
- Major physical remoteness, few all weather roads, limited air connections

POLITICAL PROFILE

- BRHA has 4 distinct types of communities that reflect current and historical government responsibilities and jurisdictions: First Nations Communities, Northern Affairs Communities, Industrial Communities and Unorganized Territories
- Access to service delivery is affected by the variety of governmental jurisdictions in the region
- The plans for transfer of authority for health services from the federal government to First Nations governments will create potential opportunities for enhancing coordination and collaboration of services

ECONOMIC PROFILE

- The RHA has the lowest levels of education in Manitoba.
- Availability of educational facilities vary often necessitating youth travel out of home communities
- Rate of unemployment (22%) is higher than in rest of Manitoba
- Greater income disparity in the industrial communities within region, yet family incomes in Thompson and Gillam are higher than provincial average

DEMOGRAPHIC PROFILE

- The total population of the region is 47,700 based on 2001 census, which reflects increase in population from 45,300 in 1997 (5% increase)
- Population is very young, and population pyramid of region is similar to developing countries with broad base of youth – children ages 0-19 represent 47.5% of the population in the Region.
- BRHA has smallest population over 65 years of age
- Families in region are larger than rest of province (27% of families have at least 5 members)
- At least 65% have Aboriginal heritage

SOCIAL PROFILE

- 18% of families are single parent families, compared to 13% in Manitoba
- Many community celebrations with national, seasonal and aboriginal focus
- Majority of population feel that their communities are unsafe and that family violence is a major problem
- The Region has high a number of children in care of family service agencies

PHYSICAL ENVIRONMENT

- Environmental pollution reported as problem by 64% or respondents in 1997 CHA survey: smoke from forest fires, smoking in the workplace and at community events, lack of clean up by mining companies, emission from industry.
- The quality of water in many communities remains a major concern and may relate to the impact of Manitoba Hydro water diversion projects and mine effluents

HEALTH PRACTICES

- Issues surrounding addictions have been identified as a major concern
- There are high rates of alcohol consumption that have serious implications as evidenced by: young age of drinkers, high rates of alcohol related offences, safety concerns in communities, and children born with fetal alcohol syndrome and fetal alcohol effects
- There is a very high incidence of smoking, particularly among youth
- Pregnant smokers outnumber pregnant non-smokers
- Study in Thompson revealed overall prevalence of smoking at 44%, compared with the national average of 27%
- Immunization rates in region at large do not meet provincial targets
- High levels of unprotected sexual activity
  - 50% of youth report having sexual intercourse by grade 10
  - 20% of sexually active youth report never using protection or birth control methods
  - BRHA has highest rate of pregnancies among 15 – 19 year olds
  - Rates of sexual transmitted infections surpass those of any other RHA, in communities not officially served by the BRHA

FACTORS INFLUENCING HEALTH OF THE POPULATION IN THE NORTH

- Inadequate housing – insufficient number, many with no central heating, lack of indoor plumbing, no running water
- Low levels of education
- Low socio-economic status for majority of people

ILLNESS STATUS

Age and sex mortality rate is second highest in province.

- 10% reported that they or family member tried to commit suicide
- High youth death rate caused by external causes of death, which include injuries, poisoning, drowning and suicide
- Higher infant mortality rate among status residents

Top 3 reasons people from the BRHA seek medical care are: respiratory problems, conditions related to injury and poisoning, ill-defined conditions.

BRHA has higher rate of hospitalization than the Provincial average and the top 3 reasons are: pregnancy and childbirth, injury and poisoning, respiratory problems.

Prevalence rate of diabetes is the highest in province, and highest among aboriginal population and is increasing steadily.

Hospitalizations related to diabetes high: 5x higher cardiovascular, 5x higher stroke; 10x higher dialysis; 10x lower limb amputation.

In 1997, BRHA had lower low birth weight rates and highest rate of high birth weights.

HOW HEALTHY ARE WE IN THE BURNTWOOD REGION?

The health of a region's residents depends on numerous factors related to the characteristics of the individuals in question, including age, genetic makeup, the conditions of the social and physical life, personal health practices, and the available health and social services. Some of these determinants are difficult to modify. Others respond in a decisive manner to measures focusing on regional health. Community health also depends on individual choices and is strongly affected by decisions made and measures adopted by the many players and jurisdictions in the regional environment.

In the previous Annual Reports we reported on the following indicators of our regions health: Length of life, deaths, certain diseases and conditions. We also referred to the impact of the other determinants of health, in other words, what else has an influence on your health. These include income, education, gender, culture and physical environments, to name only a few.

In this report we will update you on some of the indicators. As you will notice, some of the indicators do not change over the short term, and for others we do not have updated information, but it is important to look at trends over time and how we can affect the long-term health outcome for our region.

LIFE EXPECTANCY - HOW OLD CAN YOU EXPECT TO BECOME?

According to the 2001 census, the median age (the age which is exactly in the middle of the population age range) of the population of the Burntwood Regional Health Authority was 24.0, significantly younger than the provincial median age of 36.8. The young median age is a function of high birth rates among relatively young women and lower life expectancies.

Life expectancy at birth decreased for Burntwood males from 71.74 years between 1991-1995 to 71.23 years between 1996-2000 (source: Manitoba Centre for Health Policy, Need to Know Project). Life expectancy for males in the Burntwood region is the lowest in the province and much lower than life expectancy for Manitoban males of 75.87 years (1996-2000). Life expectancy for Burntwood females increased from 75.94 years in the first time period to 77.10 years in the second. However, female life expectancy is also much lower than that for Manitoba females overall of 81.29 years between 1996-2000. Life expectancy for females was lower than for all other regions with the exception of Churchill.

	MALES		FEMALES	
	On-Reserve	Off-Reserve	On-Reserve	Off-Reserve
Burntwood	70.2	68.2	75.3	75.4
Manitoba	68.8	67.9	73.8	72.8

Table 1
Life Expectancy for First Nations residents.
Source: Manitoba Centre for Health Policy

Although life expectancy is lower for the entire Burntwood population than for Manitoba overall, it is interesting to note the life expectancy among First Nations residents specifically is higher among Burntwood Region residents than the provincial averages (See Table 1).

While life expectancy is a measure of length of life, it does not give an indicator of quality of life. According to Statistics Canada, disability-free life expectancy in the Burntwood Region is 62.4 years at birth (lower than the provincial average of 67.9 years). The importance of developing and maintaining good health and living habits over a lifetime is underscored by the disability-free life expectancy at age 65 years. As illustrated in Table 2, although disability-free life expectancy at birth is 62.4 years, those Burntwood residents who are disability-free at age 65, have on average, an additional 7.6 years projected to be free of activity limitations.

	All Residents	Female Residents	Male Residents
Burntwood: At Birth	62.4	63.6	61.1
Burntwood: At age 65	7.6	7.7	7.5
Manitoba: At Birth	67.9	69.5	66.4
Manitoba: At age 65	11.4	12.2	10.6

Table 2
Disability-free life expectancy at birth & at 65, Burntwood & Manitoba.
Source: Statistics Canada, Canadian Vital Statistics.

INFANT MORTALITY

Infant mortality rates provide information on the level of mortality, health status and level of health care in the province, as well as effectiveness of preventive care and attention paid to the health of the mother and her child. It is the ratio of the deaths among infants under one year old to the number of live births for a given period of time.

Infant mortality rates between 1990-1994 and 1995-1999 in the Burntwood region were the highest in the province in both time periods (9.75 infant deaths per 1,000 in the first and 10.24 deaths per 1,000 in the second). These rates were statistically significantly higher

than the provincial rates (of 6.70 deaths per 1,000 and 6.90 deaths per 1,000) in both time periods (source Manitoba Centre for Health Policy, Need to Know Project).

Although the years are not identical, we have reviewed infant mortality rates by location (residing on or off-reserve at the time of the death) to determine if there is a particular area where infant mortality rates are highest. As Figure 1 illustrates, between 1992 and 1996 infant mortality rates among off-reserve residents were exceedingly high (11.8 deaths per 1,000 live births in Burntwood versus the provincial off-reserve rate of 6.6. per 1,000), however these rates dropped in the second time period and are lower than the provincial off-reserve rates. Infant mortality rates on-reserve have increased slightly in the Burntwood region from 5.9 to 6.8 infant deaths per 1,000 live births. It is important to note that although this high rate of infant deaths is of concern, because infant deaths are relatively rare, an increase in a small number of cases can result in what appears to be a large increase in rate. However, Burntwood RHA also intends to review these infant deaths more thoroughly to determine the causes of these deaths and to investigate whether additional programs, education campaigns, or capacity building at the community level is required.

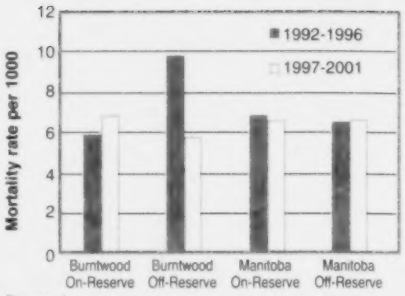


Figure 1.
Infant mortality rates by on and off-reserve status.
Source: Manitoba Health, special data run.

PREMATURE MORTALITY

According to the Manitoba Centre for Health Policy (MCHP), Premature Mortality Rate (PMR), which counts all deaths that occur prior to the age of 75, is the best single indicator of the health status of a population. That is, populations with higher PMRs also have poorer health overall and higher need for, and utilization of, health services.

Churchill, NOR-MAN and Burntwood have the highest premature mortality rates in the province. However, while both Churchill and Nor-Man have shown decreases in rates between 1991-95 and 1996-00 that are statistically significant, this is not the case for the Burntwood region (See Table 3). In the 1996-2000 time period, Burntwood had the highest PMR in the province.

With the assistance of the recently published Manitoba Centre for Health Policy document, Health and Health Care: Manitoba's First Nations, we can investigate further trends in premature mortality rates.

REGION	PMR (per1000) 1991-95	PMR (per1000) 1996-2000
Burntwood	5.04	4.76
Nor-Man	5.45	4.62
Churchill	6.54	3.30
Manitoba	3.49	3.32

Table 3.
Average Annual Standardized Premature Mortality Rates
Source: Manitoba Centre for Health Policy

Information is available that differentiates between First Nations and non First Nations residents of the Burntwood Region for the years 1995 to 1999. Between 1995 and 1999, the standardized PMR for First nation residents of the Burntwood Region was 5.45 deaths per 1,000 age 0-74, this is much higher than the rate of 3.99 premature deaths per 1,000 for all non-First Nation residents of the region. However, it is interesting to note, that although the rates of premature deaths are higher among Burntwood First Nations than non-First Nations, the ranking within the province actually places rates of PMR in non-First Nations among the highest in the province and among the lowest

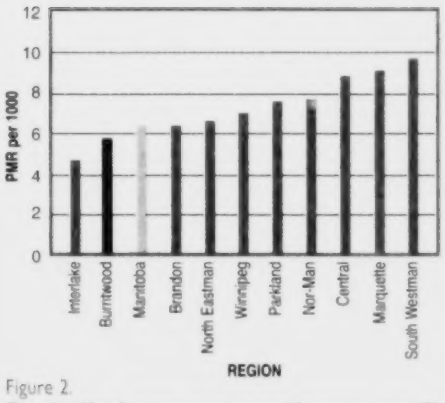


Figure 2.
Standardized premature mortality rates, non-First Nation residents, 1995-99.
Source: Manitoba Centre for Health Policy: Health and Health Care: Manitoba's First Nations

	First Nations	non-First Nations
Female	83.76	46.64
Male	148.04	94.12

Table 4.
Burntwood RHA Standardized PYLL, 1995-99
Source: Manitoba Centre for Health Policy: Health and Health Care: Manitoba's First Nations

in the province for First Nations (See Figures 2 and 3).

When we look at rates specifically for First Nations living on and off-reserve, it is apparent that First Nations living on reserve in the Burntwood Region experience a slightly lower PMR than those living off-reserve (5.39 per 1,000 versus 5.94 per 1,000). In fact, the regional on-reserve PMR is the lowest in the province while the off-reserve PMR is the second lowest in the province.

Although PMR is a very good summary measure of premature deaths, one drawback is that deaths at all ages prior to 75 are valued equally. For, example, a death at age 1 and at age 74 would each count as one premature death, even though the death of the infant at age 1 accounts for a much larger number of Potential Years of Life Lost (PYLL). PYLL allows us to account for the total number of years of life lost due to premature deaths, so in the case of the infant death the PYLL is 74 years (75-age at death), while the death of the 74 year old accounts for one PYLL.

As Table 4 illustrates, the standardized rates of PYLL are much higher among Burntwood RHA First Nations population than among the non-First Nations. That is, deaths prior to the age of 75 accounted for just over 148 years of potential life lost per 1,000 First Nations males and just under 84 years of potential life lost per 1,000 First Nations females.

INJURIES

One of the leading causes of premature mortality and disability is injury. In this section we review deaths and hospitalizations due to both intentional and unintentional injury.

In the ten year period between 1992 and 2001, there were 11,141 hospitalizations due to injury among residents of the Burntwood Region. Of these, females accounted for 4,814 (43.2%) hospitalizations and males accounted for 6,327 (56.8%) hospitalizations.

The pie charts in figures 4 and 5 illustrate the breakdown of causes of injury hospitalizations among males and females. Among both females and males, unintentional injury is by far the leading cause of hospitalizations. However, it is in self-inflicted injury where we see the biggest difference between the two groups (22% of female hospitalizations and 9% of male hospitalizations).

Figure 6 illustrates that among females, the highest injury hospitalization rates are in the three eldest age groups (starting at 65-74) followed by thee 15-19 year old age group. Among men, the highest injury hospitalization rate is in the 20-24 year old age group followed by the two eldest age groups. Injury hospitalization rates tend to be higher among males than females in the younger age groups (with the exception of 15-19) but starting at the age of 55, hospitalization rates are highest among females.

Although, hospitalization rates tend to be highest among young males for injuries in general, Figure 7 illustrates that the opposite is true when we look at self-inflicted injuries only. In this case, hospitalization rates are higher among females than males in every age group. Rates are particularly high for Burntwood females in the 10-14 and 15-19 year old age group.

Death data due to injury is available for an eight-year period between 1992 and 1999. In this time period, there were 303 injury related deaths among residents of the Burntwood Region. Of these

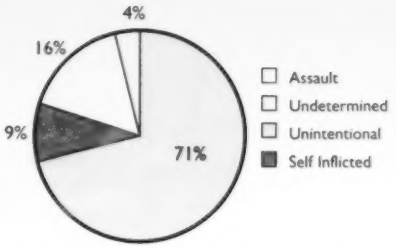


Figure 4. Burntwood Male Hospitalizations.

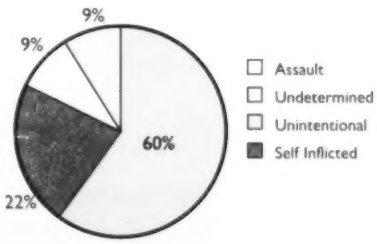


Figure 5. Burntwood female hospitalizations.

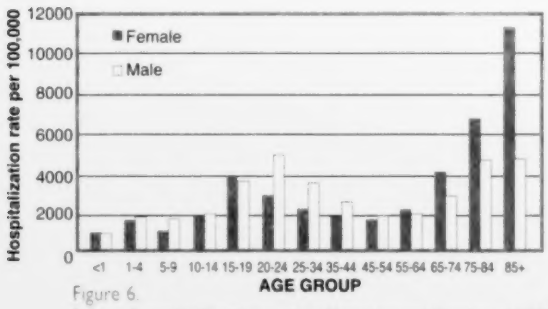


Figure 6.
Injury hospitalization rates, Burntwood Region, 1992-2001
Source: Manitoba Health

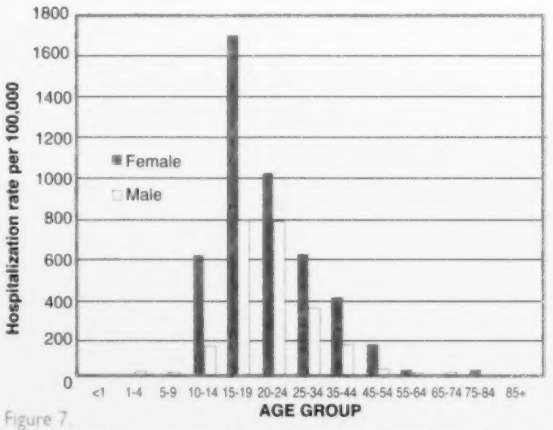


Figure 7.
Self-inflicted Injury hospitalization rates, Burntwood Region, 1992-2001
Source: Manitoba Health

303 deaths, 215 (or 71%) were among males and 88 (or 29% were among females). Like hospitalizations, the primary type of injury death is classified as unintentional (a total of 208 or 68.6% of the total). It is interesting to note that although rates of deaths due to all classifications of injury are higher among males than females, the proportion of deaths due to

	Female	Male
Unintentional	61 (69.3%)	147 (68.4%)
Self Inflicted	12 (14.8%)	33 (15.3%)
Assault	9 (10.2%)	15 (7.0%)
Undetermined	5 (5.7%)	13 (6.0%)
Total	88	215

Table 5.
Distribution of cause of injury death among Burntwood males and females, 1992-1999.
Source: Manitoba Health.
Note: Numbers do not add up to total due to omission of "other" category.

each cause is very similar (see Table 5). In fact, the proportion of deaths due to assault is higher among females than males.

So what are we doing about this challenge? The BRHA is in the process of working on developing a comprehensive injury prevention strategy with communities and regional agencies that will address this important issue in the coming years. Injury prevention is a shared responsibility among all residents of the region. We as residents should take the vision of "Northern Health in Northern Hands" to heart and start contributing to prevention efforts by wearing seatbelts and lifejackets, driving responsibly, not misusing alcohol or other drugs and teaching our children the basics about being safe in and around the house and community. Together we can address all the factors that influence and cause this needless loss of life in our region.

SEXUALLY TRANSMITTED INFECTIONS (STI)

Between 1991 and 2003, there were 8,311 reported cases of Chlamydia and gonorrhea diagnosed among residents of the Burntwood Region. Of these, 6,661 (80.14%) were records for which there was a primary diagnosis of Chlamydia, and 1,650 were records for which there was a primary diagnosis of Gonorrhea.

For the diagnosis of Chlamydia, females accounted for 4,973 (74.65%) of the cases while males accounted for 1,688 (25.35%). In 2002, the Chlamydia diagnosis rate was 18.00 per 1,000 females which was almost three times the rate of 6.23 per 1,000 seen in males (the total rate for Burntwood was 11.96 per 1,000). The rates in 2001 were slightly higher at 18.09 cases per 1,000 females and 7.21 per 1,000 males (and a regional rate of 12.50 per 1,000). Since we have accurate population data provided by Manitoba Health for 2001, we will use this year to review most recent distributions of Chlamydia by gender and age group.

As Figure 8 illustrates, although females have a higher diagnosis rate than males in every age group, young females are diagnosed with Chlamydia at a much higher rate than young males. In fact, in the 15-19 year old group, the diagnosis rates among females are more than three times the rates among males in their age group.

As illustrated, rates of sexually transmitted infections (STI) in the Burntwood Region are exceedingly high, particularly among youth. Because of concerns about the rates of STI's a review of both STI rates and system responsiveness is underway. A final report outlining current rates of STIs, system capacity and responsiveness as well as recommendations is expected to be completed by October 2003. The Burntwood RHA will utilize the findings of this report to build capacity, inform STI public health campaigns and continue to develop targeted health programs.

Sexually Transmitted Infections do not occur in isolation. There are several determinants that influence the rate of infection in a community or region. These can include, but are not limited to substance and drug abuse, educational level, housing quality or availability, transience, socio-economic status, culture etc. We as the RHA can address those that we have more direct influence over through health system programming and collaboration with other health agencies. The overall success of our regional strategy model is dependent upon appropriate support and commitment from all levels of government and all residents in the Burntwood Region.

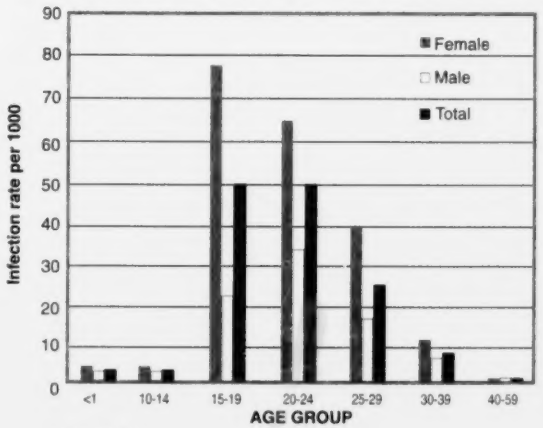


Figure 8.
Chlamydia infection rates, Burntwood RHA, 2001.
Note: There were no cases among 1-4, 5-9 and 60+ age groups in 2001.

address these areas. It is also our continuing challenge to maintain a consistent core of physicians committed to the Burntwood Region. The continuity of care is of uppermost importance and stabilization of physicians is paramount to that. One long-term strategy pursued is establishing the BCHRC as a Residency Training Program with the Faculty of Medicine, University of Manitoba. This will allow graduating physicians of Manitoba to witness first hand the benefits of a career in Northern medicine. This will be part of a broader program that sees the BRHC work with other disciplines in order to develop a collaborative practice model over the next period of time.

MEDICAL, SURGICAL, PEDIATRIC THOMPSON GENERAL HOSPITAL

The acute in–patient unit at the Thompson General Hospital offers medical, surgical, and pediatric in-patient services. The unit has been very busy this year with an average occupancy rate of 84.4% and an average daily bed census of 25.3 out of 30 beds. The nursing shortage continues to place additional strains on nursing resources, this unit operated with an average of 1.5-2.0 and in some months as high as 3.0 full time vacancies from April 2002 to March 2003. Many of the nursing vacancies are filled using agency nursing services increasing costs to the region. Recruitment for nursing staff is ongoing and this unit has traditionally been the most difficult area to recruit for..

In February 2003, Chris Erickson, owner of MacDonald's restaurant in Thompson presented a cheque in the amount of $6,610.00 to BRHA for the purchase of two Vital Signs Monitoring units for pediatric patients. These critical pieces of equipment are essential in the monitor ring of our pediatric patients. Thank You to MacDonald's and the citizens of Thompson for their generous fund raising efforts from McHappy Day.

BURNTWOOD COMMUNITY HEALTH CENTRE

The Burntwood Community Health Centre has undergone substantial changes over the past year. There has been a concentrated effort in stabilizing our physician and nursing component with seven family physicians and three primary care nurses hired since January. Due to various immigration hurdles and prior commitments these new staff will not all be in place until September 2003.

There have been great efforts to streamline the operations of the Centre with an eye on improving access and quality of care. To that end care providers are being placed into teams that will better enable them to practice in an interdisciplinary manner. This reorganization commenced in March and should be complete in October 2003.

The past year saw 27,687 clinic visits made to Centre Physicians up from 22,495 visits from 2001-02, an increase of 23%. It is our hope that the changes being implemented will allow for continued growth in visits to the centre, one of the major indicators of improvements to access.

In March, 2003 the Centre began examining methods to better deliver health services to women in general and to aboriginal women in particular. During the course of the coming year we expect to develop and implement population health services that

BURNTWOOD HEALTHY LIVING COALITION

According to Health Canada and the Manitoba Alliance for the Prevention of Chronic Disease, efforts need to be placed on the prevention of the continuum of chronic diseases rather than simply focusing on one chronic disease. The Burntwood Healthy Living Coalition was established to focus its efforts on nutrition and physical activity in an attempt to decrease the prevalence and severity of chronic disease in the Region, including diabetes, heart disease, and cancer. Through efforts related to childhood obesity, inactivity, and epidemic rates of diabetes, the Burntwood Healthy Living Coalition is collaborating with the communities to address this growing concern.

DIAGNOSTIC SERVICES

Diagnostic Imaging:

Thanks to a generous donation of $7,700.00 from the Thompson Hospital Health Auxiliary, we were able to purchase two ambulatory blood pressure machines. This purchase allowed the diagnostics imaging department to offer 24 hour blood pressure self care monitoring.

CT (Computerized Tomography) is operating full time and continues to be busy. 1337 patients accessed this service in 2002/03.

We continue to recruit for full time medical sonographers. In the interim, we are filling the vacancies with ultrasound locums and

DIAGNOSTIC IMAGING

DISCIPLINE	2002/03 PATIENTS	2001/02 PATIENTS
ECG	3,374	2,951
EEG	28	38
X-Ray	12,549	12,258
Ultrasound	5,139	4,581
Mammography	1,398	1,337
CT*	1,337	321
TOTALS	23,825	21,486

*New CT Scanner was installed in September 2001 however staff were not fully trained until January 2002. This contributed to low stats in 2001/02

have been fortunate in reducing waiting times to one month. Weekend clinics contributed to the decrease in waiting lists.

Three Radiologists have provided radiology services to the Burntwood Region for 10 years. We have been advised that as of June 30, 2003, they will no longer be providing this service. We continue to recruit for an onsite Radiologist.

A full time Program Manager has been hired for Diagnostic Services.

The Canadian Association of Radiologists, Committee for Mammography Accreditation, surveyed the Mammographic Imaging Services of Thompson General Hospital in January, 2002. We look forward to a full accreditation.

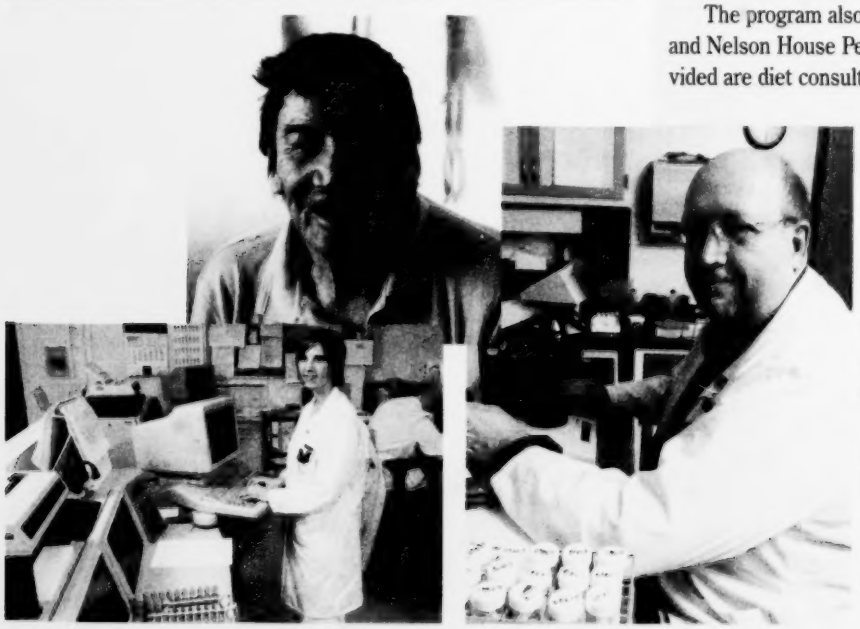
Diagnostic Services - Laboratory

Manitoba Health approved the purchase of two blood gas analyzers and approximately $36,000 for blood transfusion equipment.

Repatriation of tests to the Thompson Lab has decreased waiting and turnaround times for patient results. The addition of new tests and purchase of equipment to do more extensive testing, that is presently done in Winnipeg, is currently being explored.

LABORATORY STATISTICS

DISCIPLINE	2002/03 TESTS	2001/02 TESTS
Hematology	28,620	34,319
Blood Bank	6,616	6,536
Serology	1,213	1,286
Chemistry	217,949	187,836
Urinalysis	9,964	9,644
Microbiology	28,529	26,945
S H & P	51,007	40,249
Totals	343,898	306,815



ENVIRONMENTAL & NUTRITIONAL SERVICES, CSR, CLINICAL DIETITIANS

Housekeeping

The team has been working hard to maintain a clean environment throughout the facility. In the near future, the staff will be filming their own training videos. This will enhance training within the department and on a regional level.

Dietary

A registered dietitian was added to this Department. The dietitian will use her expertise to provide a focus on healthy choices for all, and ensuring patients will receive the prescribed diet order. Also, she will provide in-house training for the staff. This will enhance their skills and knowledge to perform their tasks in the department. Other services provided are: in- house catering, limited external catering, dishes and tablecloth rentals. The department, in partnership with Keewatin Community College, provided a Level 1 cooking apprenticeship. This will lead to a certification as a journeyman cook.

The department also collaborated with Human Resources Development Canada and provided a basic cooking program. In this program, the instructor was a staff member from within the department. There were 8 students and all successfully completed the program. Some of these students went back to their communities for work and others have obtained employment in Thompson. This program is a benefit to all communities within the region as it increases the skills of individuals and enhances their ability to achieve employment.

Clinical Dietitians

Two new dietitians were recruited for the program. They provide consultation to patients who are in need of a special diet for numerous reasons. They also provide consultation and support to the communities of the Burntwood Region.

The program also provides contract services to Oxford House and Nelson House Personal Care Homes. Some of the services provided are diet consultation, recipe and menu planning, training of staff regarding textures of the food for the special diets and food safe procedures.

GILLAM HOSPITAL

The current telephone system is being reviewed. It is anticipated that a new system will be in place in the next fiscal year. Upgrading the current system will allow for more phone lines as well as additional features such as voicemail.

Three vacancies have been filled; a Mental Health Worker, a Registered Nurse and a Licensed Practical Nurse. Maintaining nursing staffing levels continues to be a challenge.

Efforts to re-establish the District Health Advisory Council are ongoing.

HEALTH PROMOTION

Health Promotion is the process of enabling people to increase control over the things that affect their health and thereby improve their health. Health Promotion tools include education, social marketing, advocacy, healthy public policy, research, and a community development approach. Health is not solely the responsibility of a department but of all people, governments, industries, social institutions, communities, families, and friends. To that end, partnerships and people working together are essential. In the past year the BRHA has partnered with various stakeholders to enhance the health of people in our Region. These new partnerships include the Regional Breastfeeding Promotion Committee, Manitoba Dietetic Internship Pilot Project and Oral Dental Health Promotion Committee.

Regional Breast Feeding Promotion

Breastfeeding has long been recognized as the healthiest feeding choice for a baby. The positive effects of breastfeeding on a mother's health have also been researched and documented. For example, research has shown a reduction of Breast Cancer in women who have breastfed. Breastfeeding also enhances uterine contraction and thus reduces a woman's risk for post-partum hemorrhage and obesity. In an effort to increase initiation and duration rates of breastfeeding within the Region, the Regional Breastfeeding Promotion Committee is in the process of standardizing breastfeeding knowledge and education. The Regional Breastfeeding Promotion Committee is dedicated to ensuring that standards of care and education are met throughout the Region. Recently, all staff within the Thompson General Hospital Obstetrics Ward and Regional Public Health Programs completed the World Health Organization's Breastfeeding Course. The course participants included nurses, nurses' aides, dietitians, community health workers, and program outreach workers.

Manitoba Dietetic Internship Pilot Progam

The Burntwood Regional Health Authority has embarked upon an exciting opportunity for the training of future Registered Dietitians. In order to become registered as a Dietitian in Canada, students must complete a one year Dietetic Internship Program once they have finished their university degree. The Manitoba Dietetic Internship Pilot Program is a partnership between various Health Authorities in Manitoba, the Health Sciences Centre Dietetic Internship Program, and the Health Centre Dietetic Internship Program. The Region will be coordinating and providing learning opportunities in Clinical Nutrition, Nutrition Food Services, Public Health Nutrition, and Community Health Nutrition under the supervision of various Registered Dietitian Preceptors in the Region.

Oral Dental Health Promotion

Appropriate knowledge, skills, and understanding of the importance of proper oral dental health care are essential at all stages of life. The Burntwood Regional Health Authority, in partnership with the Winnipeg Regional Health Authority, the University of Manitoba, First Nations and Inuit Health Branch, some First Nations communities, and Manitoba Health, have implemented a program in the Region to address the high number of cases of Early Childhood Cavities. The goal of the partnership is to collaborate with key people in the identified research communities in the attempt to instill proper dental care habits and prevent the development of Early Childhood Cavities in our children. On completion of this research project, the findings on effective prevention for Early Childhood Cavities will be incorporated into the work of other practitioners within our Region.

Burntwood Healthy Living Coalition

According to Health Canada and the Manitoba Alliance for the Prevention of Chronic Disease, efforts need to be placed on the prevention of the continuum of chronic diseases rather than simply focusing on one chronic disease. The Burntwood Health Living Coalition was established to focus its efforts on nutrition and physicaly activity in attempt to decrease the prevalence and severity of chronic disease in the Region, including diabetes, heart disease, and cancer. Through efforts related to childhood obesity, inactivity, and epidemic rates of diabetes, the Burntwood Health Living Coalition is collaborating with the communities to address this growing concern.

HOME CARE PROGRAM

The Home Care Program operates within all of the RHA communities throughout the region. Referrals and admissions to the program have remained constant although some of the services provided, home supports and nursing, have decreased by 10% compared to last year.

HUMAN RESOURCES DEPARTMENT

The focus of the Human resources department has been recruitment for the 2002 - 2003 fiscal year, and to this end we have had great success over this period. Through the efforts of the Regional Recruiter, a strong Recruitment Strategy and the assistance of many of our leaders, there has been a significant increase in the amount of Nursing and Health Care Professional vacancies filled this year.

From April 1 2002 to March 31 2003 we have hired four Laboratory Technologists, four Radiology Technologists, fifteen Nurses, one Occupational Therapist and two Dietitians. This is significant when one considers the difficulty the North has in recruiting professionals. Additionally the development of an Aboriginal Workforce Strategy will serve as a plan in the coming years to grow our workforce into a more representative level of the region.

The implementation of a Competency Based Employee Performance Evaluation System allows for rich one on one communication, goal setting, the establishment of training needs, identifying areas of improvement and allows for clear expectations to be imparted to employees by their supervisors.

Through the efforts of the Program Manager for Staff

Development regular and improved staff orientations are occurring on an ongoing basis providing new employees with a positive start.

INFECTION CONTROL/STAFF HEALTH

Presently, the Infection Control/Staff Health Department at the Thompson General Hospital is staffed with one nurse on a part-time basis. This year the department has been quite busy with the increase in Tuberculosis in our region. The Health Sciences Centre Respiratory TB unit statistics have identified 18 cases in the Burntwood Region and Thompson General Hospital has had 14 of those cases admitted to our facility. As a result of the increase in cases of Tuberculosis, the tracing of contacts and staff surveillance is labour intensive. Staff Health holds Mantoux Clinics (screening for exposure to tuberculosis) due to the fact we are a high risk facility. It is expected that the Infection Control/Staff Health Department will become a full-time position that will represent the entire Burntwood Regional Health Authority.

INFORMATIONS SYSTEMS DEPARTMENT

Information Systems development continues at a rapid pace. The PDN (Provincial Data Network), providing our access to the outside world was upgraded in the spring of this year. In conjunction with this a Security Vulnerability Assessment conducted by Deloitte and Touche, indicated the BRHA system is relatively secure. The changes to our connectivity through the PDN required upgrading of the AV (Anti-Virus) and Firewalls, requiring only final configuration to complete this project. Our patient scheduling and our financials software applications are now operating on a modern Windows platform, the ADT (Admissions Discharge Transfer) application remains in a DOS mode. The BRHA is preparing to trial a software program for Public Health called I-PHIS (integrated-Public Health Information System) for Manitoba Health. This $750,000 provincially funded trial includes Interlake Regional Health Authority and Winnipeg Regional Health Authority. Thirteen new desktop computers and 4 laptops have been received as part of the project, and a coordinator has been appointed for the 6 month trial period as well as a term technician for the IS department. All involved are very excited about this program since it is a ".net" application using the latest software platform from Microsoft.

LEAF RAPIDS COMMUNITY HEALTH

Due to the closure of the Ruttan Mine in June, 2002 and the significant decrease in population levels, the Leaf Rapids Health Centre transitioned from a 24 hr / 7 day a week Acute Care facility to a Monday to Friday clinic model with on call emergency services.

LIBRARY SERVICES

The BRHA library entered into a contract with the University of Manitoba, Neil John Maclean Health Sciences Library in 2002 that allows for more comprehensive and timely access to current health care information for all staff throughout the region. The librarian has served as an educational resource to BRHA partners. Additions were made to update monograph collections and donations of materials allowed for creation of an Aboriginal resources collection. There was a twenty eight percent (28%) increase in the past year in utilization of library services by staff for literature searches and document requests.

LONG TERM CARE

A regional coordinated assessment and placement process was established this year for Long Term Care. Facility-based care on a long-term basis is currently provided in Lynn Lake (5 beds) and Gillam (3 beds) hospitals, and personal care homes (Pinaow Wachi in Norway House – 24 beds and George Colomb Memorial Home in Oxford House – 32 beds) in the region, including a new facility in Nelson House (Nisichawayasihk - 24 beds). Throughout the region sixteen individuals were assessed for placement by the regional health authority. Of these, thirteen were placed and seven remain on waiting lists at year-end.

LYNN LAKE HOSPITAL

The Hospital continued to be busy throughout the 2002/03 fiscal year. Due to the changes in the Leaf Rapids Health Centre, three long-term care clients were transferred to the Lynn Lake Hospital.

The remediation of the crawl space has been completed with positive results.

A Program Manager was hired and will provide joint management responsibilities for the Lynn Lake Hospital and the Leaf Rapids Health Centre.

Maintaining nursing levels continues to be a challenge. Vacant positions are currently being filled by Agency Nurses as required.

MB TELEHEALTH

Telehealth uses technology to link patients to Healthcare expertise at a distance. Having access to Telehealth has decreased the time patients need to be away from home, travel costs and has

improved access to specialized services. New Telehealth camera drops have been installed in the Northern Consultation Centre for patient consultations. Recent specialties using Telehealth include dermatology, paediatrics and orthopaedic surgery.

MATERIALS MANAGEMENT

We've updated the Materials Management software from a DOS based system to a Windows system on our current software program. One of the new aspects of the new software is going to be the ability to eliminate paper-based requisitioning and the ability of Managers and Directors to directly query our inventory catalogue at any time of day or night to determine what is carried as stock.

The consolidation of travel based services for the BRHA has resulted in the expansion of Materials staff to include a full time travel clerk. The primary role of the travel clerk is to add value by finding the best rates on air travel and hotels in order to save our allotted dollars for other health care initiatives wherever possible.

MENTAL HEALTH

Significant achievements in the mental health program for the 2002/2003 year include:

Recruitment:

Recruitment included a full-time psychiatrist, a full time psychologist, an Occupational Therapist for mental health, and a community mental health worker for Gillam.

Training:

Two more mental health workers were trained in the applied suicide intervention skills training program. The program continues to be offered to BRHA staff and other agencies, as well as, surrounding communities and has been very successful.

Tim Thompson, Program Manager, Mental Health, has been trained to be a co-trainer in the new provincial initiative for co-occurring mental health/substance abuse disorders with Mary-Beth Erickson of Alcoholism Foundation of Manitoba.

Statistics:

The psychiatry unit admitted 252 patients in the last year and assessed 372 outpatients in the emergency department of the Thompson General Hospital. The community mental health team provided intake services to 583 adults. Intake services were provided to 209 child/adolescents.

NORTHERN CONSULTATION CENTRE

The following specialties continue to be offered on a full-time basis at the Centre for people in the region:

- ENT (Ear, Nose & Throat)
- Obstetrics & Gynaecology
- Paediatrics
- Outpatient Dietitians
- Surgery

The following specialties are offered on an itinerant basis:

- Orthopaedic Surgery
- Orthotics
- Paediatric Diabetes Clinic

A "Mature Women's Health Program, Needs Assessment is currently being developed in Thompson. This program would offer support for women to make informed choices about their health and to assist women on their journey through menopause and mid-life. Qualified healthcare professionals would offer clinic, educational and emotional support.

NORTHERN CULTURES PROGRAM

Given that the population in the Burntwood Region is at least 60% Aboriginal, the BRHA developed a two-day awareness session on Northern and Aboriginal cultures. These training sessions serve to enhance communications and improve relationships between the providers and consumers of the BRHA programs and services. A Northern Cultures Training Team consisting of people from various backgrounds presents the program. The training sessions involves individual and group exercises; videos and discussions; energizers; First Nations and Metis history and culture presentations; laughter and refreshments.

As of March 31st, 2003, approximately 48% of BRHA Board, staff, volunteers and DHAC members have participated and completed the two-day training session.

A sampling of comments from participants at the Northern Cultures Session include:

"I have been to many workshops and the facilitators at this workshop are among the best I have ever seen and that includes Steven Covey. Their enthusiasm and knowledge were great!"

"Excellent mode of educating individuals in this essential info; very open, relaxed environment – all questions were respected."

"I was a little upset to be told it was mandatory to attend, but now I'm glad, otherwise, I would have missed a great learning experience."

"I really enjoyed the Medicine Wheel teachings and about the so-called little devils, it makes a lot of sense."

"The workshop is a must and should be attended by all who come into contact with the Aboriginal peoples of the region."

"Everything was great! This was my first time experiencing any kind of Aboriginal customs & I only wish I could come back again!"

NORTHERN PATIENT TRANSPORTATION PROGRAM

An Exception Committee, chaired by Dr. J. Kirkpatrick, was established to address transportation issues with respect to the elective travel component of the Northern Patient Transportation Program. This committee reviews matters related to the provision of the program in the Burntwood region.

NUMBER OF TRAVEL WARRANTS

April 1,2002 to March 31, 2003

Type of Travel Warrants	Land	Air
Elective	4478	1881
Emergency	257	773
Total	4735	2654

PALLIATIVE CARE

The Regional Palliative Care program is in the formative stage and is to be developed in the coming year. The Palliative Care Drug Program was started in December 2002. This program will supply, through Pharmacare, all eligible medications free of charge to enable patients to remain at home. Before this program was implemented, patients received free medications in hospital but had to purchase medications from a retail pharmacy when at home. This often resulted in financial hardship for the patient and family. Patients must be enrolled in the Palliative Care program and meet the eligibility criteria for the drug program.

PATIENT INFORMATION SERVICES

The 2002-2003 year saw increased activity in almost all programs. Most notably was the increase of close to 400 additional surgical procedures performed in the Operating Room (mostly paediatric dental cases), 3000 more outpatient visits and an increase of 700 visits to the Northern Consultation Centre.

ACTIVITY STATISTICS FOR TGH FOR THE YEAR INCLUDE:

Total Patients Admitted (excluding newborns):	**3394**
Total Patient Days (excluding newborns):	**14318**
Newborns Delivered:	**635**
Total Nursery Days:	**1924**
Average Daily Census (including newborns):	**44**
Average Length of Stay (excluding newborns):	**4.14**
Average Length of Stay newborns:	**3.20**
Total Visits to the Emergency Department:	**25847**
Total Visits to the Northern Consultation Centre:	**8895**
Total Registrations for Outpatient Serv (excluding NCC):	**30545**
Total Number of Surgical Procedures in the OR:	**1813**
Total of Same Day Care Procedures in the OR (included above):	**1399**

PEDIATRIC DENTAL SURGERY PROGRAM

In August 2002 the BRHA expanded Thompson General Hospital's pediatric dental surgery capacity from approximately 60 cases per year to 400 cases per year. This program provides treatment for children between the ages of 2-7 years or children who are medically compromised, who require comprehensive dental care. The need for this program was identified and undertaken to provide "closer to home" dental surgery to northern children, to alleviate the long and exhausting trips to Winnipeg for children and their families, to decrease the extended absence from school for some children, and to help decrease the waiting lists in the tertiary centers for surgeries that are life threatening. By the end of the fiscal year the pediatric dental program has proven very successful. The success of this program was possible with the collaboration of First Nations & Inuit Health Branch, including their nursing station staff, community services in Thompson such as the YWCA, and the Ma-Mow-We-Tak Friendship Center who provided accommodations for some families from throughout the region, and the Winnipeg Regional Health Authority.

PHARMACY DEPARTMENT

The Pharmacy department had the challenge of reduced staff for a large portion of the year. We were fortunate to again hire a student for summer relief through Student Employment Program.

The Chemotherapy program has undergone a significant increase in the number of patients and in the number of treatments. There were 46 treatments in 2001/2002 and 309 treatments in the 2002/2003 fiscal year.

This past year saw the revision of the narcotic control system at the Thompson General Hospital. This new system will be expanded to the entire region next year. This new system should save nursing and pharmacy time as the paperwork will be greatly reduced. Gillam hospital has been using this system for some time. The order forms for the Bayline were revised to reflect current practice and implemented.

PHYSICAL FACILITIES DEPARTMENT

During the past calendar year the Physical Facilities Department has made the following contributions to the management of the region: Remediation of health related problems associated with the Lynn Lake Hospital crawl space is now complete, with a healthful working environment at the hospital an end result. A regional facilities greening program was unveiled in a report given to the Burntwood Regional Health Authority board in the fall of 2002.

Through the past year a comprehensive and detailed plan and strategy, complete with the necessary submissions, for upgrading the regional dialysis unit at the Thompson General Hospital was developed collaboratively with regional nursing staff and Manitoba Health. The Physical Facilities Department has developed a manual of regional facility fire plans and associated quality improvement tools.

PHYSICIAN RECRUITMENT AND RETENTION

Our recruitment efforts this year resulted in the successful recruitment and filling of vacancies: 1 general surgeon, 1 psychiatrist, and 11 family practitioners to our compliment of medical staff. Recruitment is an ongoing process.

The BRHA has also sponsored four International Medical Graduates that will begin working as family practitioners in January 2004. The family practitioners in Lynn Lake, Leaf Rapids and Gillam remain stable.

Recruitment efforts continue for Anaesthesia; Internal Medicine; Psychiatry, Obstetrics/Gynecology, Paediatrics and Radiology.

REHABILITATIVE SERVICES

Physiotherapy

This was our first full year with a physiotherapist in the department. The demands for services have increased dramatically with the re-establishment of the service. At year-end there were 150 clients on a one-year waiting list. The physiotherapist is located in Thompson but travels to Lynn Lake and Gillam on an itinerant basis. We continue to recruit for a second Physiotherapist.

Occupational Therapy

We are very fortunate to have recruited a full-time Occupational Therapist as of March. The therapist will establish a workload of clients from inpatients, outpatients and community-based referrals from throughout the region. Coverage for urgent clients in Thompson and some outlying communities was provided throughout the past year by contracted resources.

Speech-Language Pathology

Demands for services continue to grow. One Speech-Language Pathologist provides services to the preschool and at-risk adult population in the entire region. There were approximately 100 new clients seen within the year. At year-end, the waiting time to be seen for an initial assessment is at least one year. There are fifty children and six adults on the waiting list.

Audiology

We had a full complement of staff for the past year. The waiting time for both children and adults to be seen for assessment remains at twelve to fourteen weeks. However, 35% more clients were seen within the year. There is no waiting list for follow up appointments. Services are based in Thompson and are provided to the entire region's population

SERVICES TO SENIORS

The BRHA provides grant funding to support a community resource coordinator for the Thompson Seniors Community Resource Council. The congregate meal program continued one day weekly and volunteers are provided for friendly visits, escorts, errands, etc. The Lifeline is available throughout the region and is accessed through the Resource Council.

STAFF DEVELOPMENT

Training was offered to staff on a variety of subjects throughout the year including courses that certified staff in neonatal resuscitation, stabilization of ill neonates, pediatric advanced life support, fetal monitoring, cardiac resuscitation and advanced cardiac life support. In-house courses were provided on rhythm interpretation for nurses and intravenous insertion for staff working in the CT unit. The technology of telehealth has been utilized to link with in-servicing opportunities offered in Winnipeg as well as in broadcasting presentations conducted in Thompson to staff in Lynn Lake and Gillam. Staff orientation programs have been expanded and adapted to include information about legislation such as the Protection of Persons in Care Act. Students have been placed into practical work experiences from around the country including Nova Scotia, Ontario and Prince Edward Island as well as various communities within Manitoba.

SURGERY AT THOMPSON GENERAL HOSPITAL

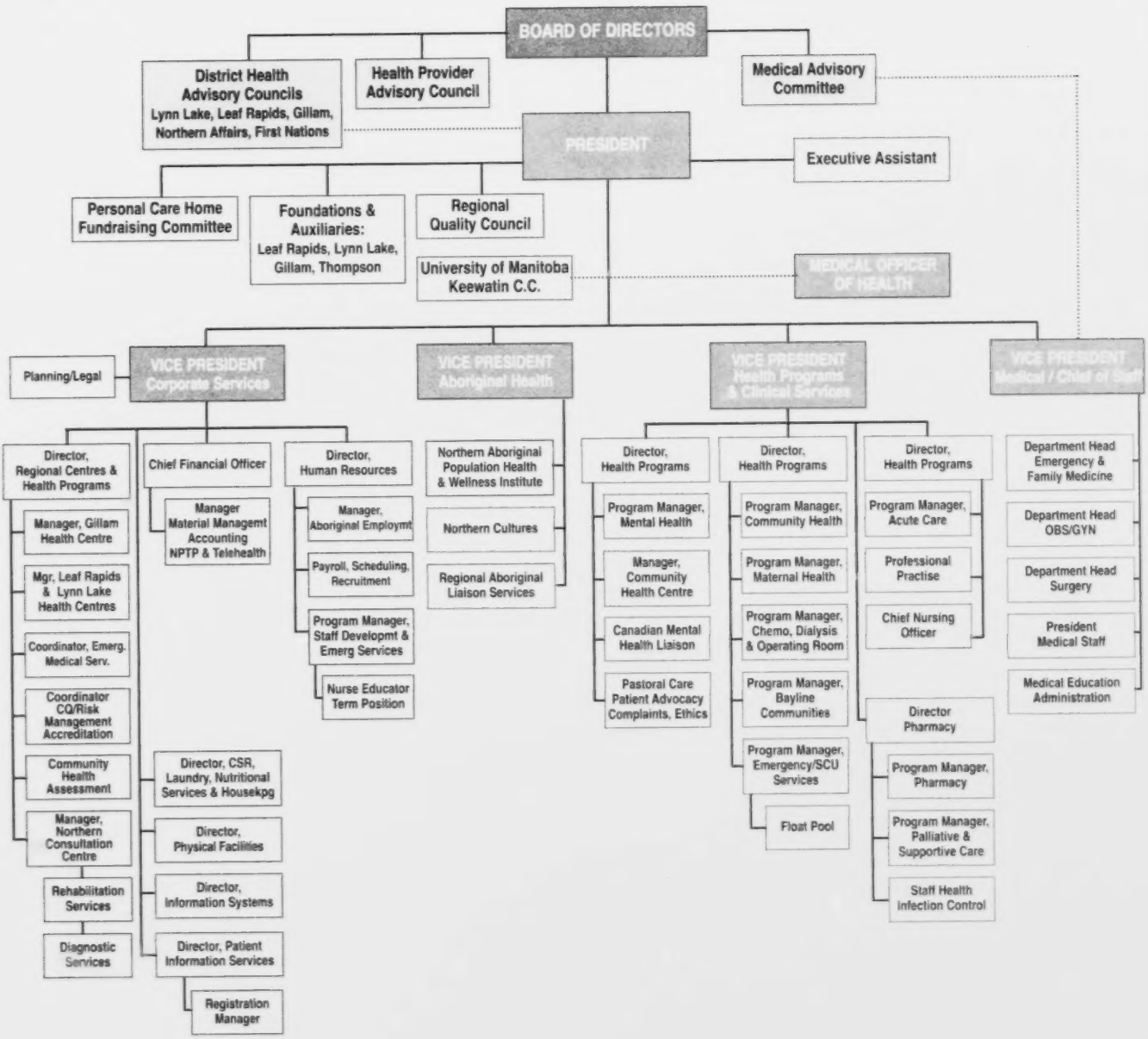
Due to the successful recruitment of local, national and international operating room nurses, by September 2002 the Thompson General Hospital was able to increase the Operating room utilization and successfully decrease surgical waiting times. Previously, only one operating room "theatre" was utilized on a daily basis, and we now regularly utilize two theatres a day for elective surgeries and sometimes the third theatre for emergency surgeries.

WABOWDEN CAPITAL PROJECT

Schematic drawings were completed for the new Wabowden Health Cente. Construction is expected to begin, after considerable delay, in the spring of 2004.

The current facility is 32 years old and does not meet the needs of the community. The new facility will be one story with expanded burn treatment, education and meeting rooms as well as office and storage space. It will become the gathering place for health programs and health care/clinical services in Wabowden.

The new community Health Centre will be built based on the principle of accessible, affordable health that is essential to the community, based on community participation and scientifically appropriate, utilizing intersectorial partnerships. The focus will be on health services and the prevention of illness and also supporting quality of life through local and itinerant services.


BOARD OF DIRECTORS
District Health Advisory Councils
Lynn Lake, Leaf Rapids, Gillam, Northern Affairs, First Nations
Health Provider Advisory Council
Medical Advisory Committee
PRESIDENT
Executive Assistant
Personal Care Home Fundraising Committee
Foundations & Auxiliaries:
Leaf Rapids, Lynn Lake, Gillam, Thompson
Regional Quality Council
University of Manitoba Keewatin C.C.
MEDICAL OFFICER OF HEALTH
Planning/Legal
VICE PRESIDENT Corporate Services
VICE PRESIDENT Aboriginal Health
VICE PRESIDENT Health Programs & Clinical Services
VICE PRESIDENT Medical / Chief of Staff
Director, Regional Centres & Health Programs
Manager, Gillam Health Centre
Mgr, Leaf Rapids & Lynn Lake Health Centres
Coordinator, Emerg. Medical Serv.
Coordinator CQ/Risk Management Accreditation
Community Health Assessment
Manager, Northern Consultation Centre
Rehabilitation Services
Diagnostic Services
Chief Financial Officer
Manager Material Managemt Accounting NPTP & Telehealth
Director, CSR, Laundry, Nutritional Services & Housekpg
Director, Physical Facilities
Director, Information Systems
Director, Patient Information Services
Registration Manager
Director, Human Resources
Manager, Aboriginal Employmt
Payroll, Scheduling, Recruitment
Program Manager, Staff Developmt & Emerg Services
Nurse Educator Term Position
Northern Aboriginal Population Health & Wellness Institute
Northern Cultures
Regional Aboriginal Liaison Services
Director, Health Programs
Program Manager, Mental Health
Manager, Community Health Centre
Canadian Mental Health Liaison
Pastoral Care Patient Advocacy Complaints, Ethics
Director, Health Programs
Program Manager, Community Health
Program Manager, Maternal Health
Program Manager, Chemo, Dialysis & Operating Room
Program Manager, Bayline Communities
Program Manager, Emergency/SCU Services
Float Pool
Director, Health Programs
Program Manager, Acute Care
Professional Practise
Chief Nursing Officer
Director Pharmacy
Program Manager, Pharmacy
Program Manager, Palliative & Supportive Care
Staff Health Infection Control
Department Head Emergency & Family Medicine
Department Head OBS/GYN
Department Head Surgery
President Medical Staff
Medical Education Administration

Revised July 2003

Name	Title
Bernett Alexander	Manager, Leaf Rapids Health Programs
Pat Archibald	Program Manager, Burntwood Community Health Resource Centre
Ed Azure	Manager, Regional Aboriginal Services
Jim Bentley	Director, Regional Clinical Services
Eileen Bray	Chief Financial Officer
Norma Charrière	Director, Health Programs
Blair Connell	Director, Information Systems
Nancy D'Andreamatteo	Director, Environmental/Nutrition Services
Dr. Albert deVilliers	Medical Officer of Health
Marion Ellis	Director, Health Programs
Stan Franklin	Director, Health Programs
Ron Hill	Director, Physical Facilities
Lorraine Larocque	Program Manager, Community Health
Cathy Leahy	Manager, Lynn Lake & Leaf Rapids Health Programs
Lee Manning	Director, Human Resources
Karen McClelland	Chief Executive Officer
Garry McFadden	Vice President, Corporate Services
Charlotte McIvor	Program Manager, Maternal Health
Ken McIvor	Program Manager, Human Resources, Aboriginal Employm't
Nancy Miller	Manager, Gillam Health Programs
Pearl Morris	Program Manager, Emergency Health Services
Rob Munro	Program Manager, Emergency Medical Services (Interim)
Ed Sanchez	Program Manager, Acute Care
Vivian Salmon	Director, Patient Information Services
Pamela Seitz	Vice President, Health Programs & Clinical Services
Luba Shepertycky	Program Manager, Pharmacy
Linda Sundevic	Program Manager, Palliative, Rehabilitative & Supportive Serv.
Penny Thackeray	Director, Pharmacy
Tim Thompson	Program Manager, Mental Health
Vacant	Director, Diagnostic Services
Nadine Volanski	Program Manager, OR & Ambulatory Care
Noreen Wallwin	Program Manager, Staff Development
Dr. Leigh Wincott	Vice President, Medical/Chief of Staff
Richard Zwiep	Program Manager, Bayline Communities

Throughout the 2002/2003 year, staff from the Burntwood Regional Health Authority have provided many opportunities to meet with various stakeholders and organizations within and outside of the region including: Mayors & Councils, Manitoba Keewatinowi Okimakanak, Inc, Keewatin Tribal Council, Manitoba Metis Federation, Chiefs and Councils, Addictions Foundation of Manitoba, University of Manitoba, Schools in the Regional Health Authority, Aboriginal and Northern Affairs, Regional Roundtable and many others.

Monthly Board meetings are open to the public and are scheduled for the last Thursday of the month. Information regarding the time and place can be obtained through the Office of the President at 677-5353.

Board members and/or senior management staff have travelled to the following communities in the 2002/03 year:

Lynn Lake	Leaf Rapids
Gillam	Nelson House
Norway House	Bird
Wabowden	Ilford
South Indian Lake	Granville Lake

The District Health Advisory Councils have been active in providing valuable information to the Board and Senior Management. The people of Gillam are still being encouraged to participate on a DHAC so that this community can also be represented.

The fundraising committee for the development of the Personal Care Home in Thompson also provides information on and input into the planning for the Personal Care Home. Advertisements in the local newspapers, radio station and community channels have provided residents with information concerning health care programs & services in their communities.

We encourage people of the Burntwood Regional Health Authority to contact us on the BRHA website, write or call us to:

- give us feedback about the quality of health services in the BRHA
- ask questions
- raise issues

As required by all non-profit organizations, a disclosure of staff salaries in excess of $50,000 can be obtained through the Burntwood Regional Health Authority executive office by phoning 204-677-5353.

Website: www.brha.mb.ca
Address: Burntwood Regional Health Authority
867 Thompson Drive South
Thompson, Manitoba R8N 1Z4

TELEPHONES

President:	**204-677-5353**
V.P. Corporate Services:	**204-677-5310**
V.P. Health Programs & Clinical Services:	**204-677-5399**
V.P. Medical Services:	**204-778-1428**
V.P. Aboriginal Health	**204-677-5390**

AUDITOR'S REPORT

Wawanesa Building
5th floor, 191 Broadway Ave.
Winnipeg, MB Canada R3C 3T8

To the Board of Directors
BURNTWOOD REGIONAL HEALTH AUTHORITY INC.

We have audited the statement of financial position of BURNTWOOD REGIONAL HEALTH AUTHORITY INC. as at March 31, 2003 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2003 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

BDO Dunwoody

Chartered Accountants
Winnipeg, Manitoba
May 30, 2003

STATEMENT OF FINANCIAL POSITION

March 31, 2003	**2003**	2002
ASSETS		
Current Assets		
Deferred vacation entitlements	$2,299,073	$2,151,085
Accounts receivable (Note 1)	1,476,465	1,198,421
Due from Manitoba Health (Note 2)	698,409	121,395
Inventories	452,740	448,049
Prepaid expenses	93,658	330,994
	5,020,345	4,249,944
Deferred retirement obligations	1,408,435	1,257,062
Capital assets (Note 3)	30,815,258	30,261,375
Restricted Cash		
Thompson Personal Care Home Const. Donations	379,682	122,528
	$37,623,720	$35,890,909
LIABILITIES AND NET ASSETS		
Current Liabilities		
Bank indebtedness (Note 4)	$2,025,676	$1,715,643
Accounts payable	2,812,228	2,454,812
Accrued vacation entitlements	2,299,073	2,151,085
Deferred revenue (Note 5)	657,666	552,614
Lines of credit (Note 6)	635,087	-
Current portion of capital lease obligations (Note 8)	227,595	93,933
Current portion of long-term debt (Note 7)	748,400	676,940
	9,405,725	7,645,027
Accrued retirement obligations (Note 13)	1,408,435	1,257,062
Long-term debt (Note 7)	12,781,820	12,560,096
Capital lease obligations (Note 8)	1,308,739	1,541,624
Deferred Contributions (Note 9)		
Expenses of future periods	481,540	182,748
Capital assets	8,723,035	7,966,360
	34,109,294	31,152,917
Commitments and contingencies (Note 14)		
Net Assets		
Net assets invested in capital assets (Note 10)	6,390,582	7,422,422
Net assets internally restricted	196,375	196,375
Unrestricted net assets	(3,072,531)	(2,880,805)
	3,514,426	4,737,992
	$37,623,720	$35,890,909

On behalf of the Board:

Director

Director

STATEMENT OF OPERATIONS

For the year ended March 31	**2003**	2002
REVENUE		
Amortization of deferred contributions	$818,338	$843,003
Ancillary programs	771,085	798,585
Manitoba Health	42,091,152	38,228,083
NPTP recoveries	1,074,822	1,201,245
Other	823,351	788,972
Patient	388,187	314,268
	45,966,935	42,174,156
EXPENSES		
Acute care services	21,789,422	19,524,952
Amortization of capital assets	818,338	843,003
Ancillary operations	743,683	648,527
Community based - health services	3,858,824	3,600,712
Community based - home care	896,987	1,025,560
Community based - mental health	428,522	469,728
Interest on long-term debt	823,598	426,983
Land ambulance	227,928	227,928
Medical remuneration	10,727,102	10,593,446
NPTP	4,944,858	5,647,935
Regional health authority	1,444,096	1,145,418
Support to seniors	25,800	25,800
	46,729,158	44,179,992
Deficiency of revenue over expenditures for the year before other items	(762,223)	(2,005,836)
Other Items		
Amortization of net assets invested in capital assets	(477,916)	(471,284)
Manitoba Health - past commitments	16,573	1,364,393
	(461,343)	893,109
Deficiency of revenue over expenditures for the year	$(1,223,566)	$(1,112,727)

STATEMENT OF CASH FLOWS

For the year ended March 31	**2003**	2002
Cash Flows from Operating Activities		
Deficiency of revenue over expenses	$(1,223,566)	$(1,112,727)
Adjustments for		
Transfer to deferred contributions	-	-
Amortization of capital assets	1,296,254	1,314,287
Amortization of deferred contributions	(818,338)	(843,003)
	(745,650)	(641,443)
Changes in non-cash working capital balances		
Deferred vacation entitlement	(147,988)	(232,959)
Accounts receivable	(278,044)	(507,392)
Due from Manitoba Health	(577,014)	2,332,820
Inventories	(4,691)	(132,462)
Prepaid expenses	237,335	(174,691)
Deferred retirement obligations	(151,373)	(140,000)
Accounts payable	357,415	(306,329)
Accrued vacation entitlements	147,988	232,959
Deferred revenue	105,052	60,058
Accrued retirement obligations	151,373	140,000
	(905,597)	630,561
Cash Flows from Investing and Financing Activities		
Purchase of capital assets	(1,850,138)	(6,202,262)
Decrease in deferred charges	-	722
Loan advances	1,027,577	13,383,591
Bank loan payments	(734,390)	(146,555)
Decrease in capital lease obligations	(99,223)	(89,496)
Receipt of deferred contributions related to capital assets	1,575,013	1,170,835
Increase (decrease) in deferred contributions related to expenses of future periods, net	298,792	-
Lines of credit	635,087	(8,758,670)
	852,718	(641,835)
Decrease in cash & cash equivalents during the year	(52,879)	(11,274)
Cash and cash equivalents, beginning of year	(1,593,115)	(1,581,841)
Cash and cash equivalents, end of year	$(1,645,994)	$(1,593,115)
Represented by:		
Bank Indebtedness	$(2,025,676)	$(1,715,643)
Restricted cash	379,682	122,528
	$(1,645,994)	$(1,593,115)
Supplementary Information:		
Interest paid during the year	$823,598	$426,983

STATEMENT OF CHANGES IN NET ASSETS

For the year ended March 31, 2003

	Investment in Capital Assets (Note 10)	Restricted Donations	Unrestricted	2003	2002
Balance, beginning of year as previously reported	$5,884,311	$196,375	$(1,342,694)	$4,737,992	$5,850,719
Adjustment to investment in capital assets (Note 15)	1,538,111	-	(1,538,111)	-	-
Balance, beginning of year, as restated	7,422,422	196,375	(2,880,805)	4,737,992	5,850,719
Deficiency of revenue over expenditures for the year	(477,916)	-	(745,650)	(1,223,566)	(1,112,727)
Net changes in investment in capital assets (Note 10)	(553,924)	-	553,924	-	-
Balance, end of year	$6,390,582	$196,375	$(3,072,531)	$3,514,426	$4,737,992